

Exam:

Large amount of urine noted on bed and IM clothing.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Other:

IM offered cup of water. He declined. I advised him of the risk of dehydration. He still declined. I advised him if he did not take oral fluids, IV fluids may be necessary.

Patient Education Topics:

Date Initiated Format 06/23/2010 Counseling

Handout/Topic

Plan of Care

Provider

Outcome

Prince, B.

Attentive

Copay Required:No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Prince, B. EMT-P on 06/23/2010 17:03 Requested to be cosigned by Pigos, Kevin MD/Clinical Director. Cosign documentation will be displayed on the following page.

Case 3:11-cv-01609-CCC-EB Document 29-3 Filed 03/13/12 Page 2 of 25

Bureau of Prisons Health Services Cosign/Review

Regulation 12585-007
inmate:Name & HILD DAVID 128 3 1285-007
STERRING TO THE REPORT OF THE PROPERTY OF THE
Date of Big 18 2005/16/4971 From the Control of the
Daleton Ding. B. Facility at EW
Encounter Date: 306/23/2010 16:15 13:11 Provider Prince B EMTP Facility EEW
Date of Blun, 200/40/19 Facility - LEW Provider - Prince B EMITE - Facility - LEW Facility - LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:28.

Red#25:2585:0076
Red #12 (2585-007/2019)
inmate Name. HILL-IDAVID
Inmate Name: FILE BAVID
Encounter Date: 200/23/2010 13:30 Page 13:30
Date of Blint. 30/10/19/19/19/19/19/19/19/19/19/19/19/19/19/

Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1

Provider: George, Gregory EMT-P

Chief Complaint: No Complaint(s)
Subjective: 4 point restraint check

Pain Location:
Pain Scale: 0
Pain Qualities:
History of Trauma:

Onset: Duration:

Exacerbating Factors: Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

Date Time

06/23/2010 14:08 LEW

Rate Per Minute

Refused

Location

Rhythm

Provider

George, Gregory EMT-P

Respirations:

Date

Time.

Rate Per Minute Provider

06/23/2010

14:08 LEW

16 George, Gregory EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), Alert and Oriented x 3 (yes)

ASSESSMENT:

No Significant Findings/No Apparent Distress

Inmate refused restraint check. States fuck off" no complaints voiced 0/10 pain, appears well.

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated Format

Handout/Topic

Provider

Outcome

06/23/2010

Counseling

Access to Care

George, Gregory

No Participation



Copay Required:No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by George, Gregory EMT-P on 06/23/2010 14:11 Requested to be cosigned by Pigos, Kevin MD/Clinical Director. Cosign documentation will be displayed on the following page.

上表表表。1917年1919年1917年1917年1918年1918年1918年1918年
Date of Birth 3-105/16/197/1
Date of Birth 105/16/19/11 Encounter Date 406/23/2010 13:50 Provider George Gregory EMT Preadity LEW
Date(O) Blink Subject Course C
EncounterDate: 406/23/2010 13:50 Provider George Gregory EWIEL Facility

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:24.

Inmate Name: HILL DAVID: 12585-00/	
Date of Birth 105/16/1973	
Date of Right 105/16/1974 Fire State of the Second Control of the	
Encounter Date: 06/23/20/0012:06 Page 14 Provider George Gregory EMT Provider LEW 14 Provider George Gregory EMT Provider Gregory EMT P	
TO CONTROL OF THE PROPERTY OF	
Encounter pare Europasses and Europa	
Encounter Date: 06/23/2010/12:06: 19 19 Provider: George Gregory EMTEP: VEacility: JEW 1997	
Encounter Date: 06/23/2010/12:06	

Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1

Provider: George, Gregory EMT-P

Chief Complaint: No Complaint(s)
Subjective: 4 piont restraint check 1200

Pain Location:
Pain Scale: 0
Pain Qualities:
History of Trauma:

Onset: Duration:

Exacerbating Factors: Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

Date Time

06/23/2010 12:00 LEW

Rate Per Minute

Refused

Location

Rhythm

Provider

George, Gregory EMT-P

Respirations:

Date

Time

Rate Per Minute Provider

06/23/2010

12:00 LEW

18 George, Gregory EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), Alert and Oriented x 3 (yes)

ASSESSMENT:

No Significant Findings/No Apparent Distress

Inmate refused restraint check. States Fuck you do not come in here no complaints voiced 0/10 pain, appears well.

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated Format

Handout/Topic

Provider

Outcome

06/23/2010

Counseling

Access to Care

George, Gregory

Verbalizes Understanding



Copay Required:No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by George, Gregory EMT-P on 06/23/2010 12:10 Requested to be cosigned by Pigos, Kevin MD/Clinical Director. Cosign documentation will be displayed on the following page.

は最近にある。1912年1912年1912年1912年1912年1912年1912年1912
inmate(Name) PHILE DAVID
Provide **George GregoryEMT-P: Facility 11: LEW

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:20.

Inmate Name FILL DAVID Regi# 12585 007

Date of Birth 05/16/1971 Sex: M/ P, Regi# 12585 007

Encounter Date 06/23/2010 06:10 2 Provider: George: Gregory EMT-P, Facility: LEW.

Evaluation encounter performed at Housing Unit.

SUBJECTIVE:

COMPLAINT 1

Provider: George, Gregory EMT-P

Chief Complaint: No Complaint(s)

Subjective: 4 point restraint check 0600

Pain Location:
Pain Scale: 0
Pain Qualities:
History of Trauma:

Onset:
Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

Date 7

Time Rate Per Minute

Location

Rhythm

Provider

06/23/2010 09:16 LEW

Radial

Regular

George, Gregory EMT-P

Respirations:

Date

Time

Rate Per Minute Provider

06/23/2010

09:16 LEW

16 George, Gregory EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), WD/WN (yes), Alert and Oriented x 3 (yes)

Skin

General

Dry (yes), Warmth (yes)

Pulmonary

Observation/Inspection

Normal (yes)

Cardiovascular

Observation

Normal Rate (yes), Regular Rhythm (yes)

Peripheral Vascular

Arms

Radiat Pulse Normal (yes), Capillary Refill Normal (yes)

Legs

Dorsalis Pedis Normal (yes), Capillary Refill Normal (yes)

ASSESSMENT:-

Inmate Name 2 HILL DAVID
Inmate Name FILL DAVID Reg.# 1/2565-007, Date of Birth: 05/16/1971 Encourater Date: 06/23/2010(06:10) Encourater Date: 06/23/2010(06:10)

No Significant Findings/No Apparent Distress Restraint check preformed, no complaints offered 0/10 pain, Strong pulses bilateral. Cap refill less the 2 seconds

PLAN:

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

Date Initiated Format

Handout/Topic

Access to Care

Provider

Outcome

Counseling 06/23/2010

George, Gregory

No Participation

Copay Required:No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by George, Gregory EMT-P on 06/23/2010 09:19 Requested to be cosigned by Pigos, Kevin MD/Clinical Director. Cosign documentation will be displayed on the following page.

	ESTABLE SERVICES
Encounter Date: 106/23/2010(06:10) Provider: George: Gregory: EMIP Facility: LEW F	

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:08.

Inmate Name: Hitts DAVID: 12:27 18:38 18:38 18:38 18:38 18:38 18:38 18:38 18:38 18:38 18:38 18:38 18:38 18:38	
Date of Birth	

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1

Provider: Potter, L. EMT-P

Chief Complaint: Other Problem . Subjective: 4 point restraints

Pain Location:
Pain Scale: 0
Pain Qualities:
History of Trauma:

Onset:

Duration:

Exacerbating Factors: Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

Date Time

Rate Per Minute

Location

Rhythm

Provider

06/23/2010 00:01 LEW

84 Radial

Regular

Potter, L. EMT-P

Respirations:

Date 06/23/2010 Time 00:01 LEW Rate Per Minute Provider

14 Potter, L. EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Lethargic (no), Obtunded (no), Stuporous (no), Appears in Pain (no), Appears in Distress (no), Acutely III (no)

Affect

Irritable (yes)

Verbalized no medical complaints. No signs of trauma or dehydration noted. Good distal pulses in all Extrem..

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Other:

Restraint checks

Patient Education Topics:

Date Initiated Format

Handout/Topic

Provider

Outcome

Generated 06/23/2010 00:34 by Potter, L. EMT-P

Bureau of Prisons - LEW

Page 1 of 2

Date Initiated Format

Handout/Topic

Provider

Outcome

06/23/2010

Not Done

Potter, L.

No Participation

Copay Required:No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Potter, L. EMT-P on 06/23/2010 00:34

Requested to be cosigned by Pigos, Kevin MD/Clinical Director. Cosign documentation will be displayed on the following page.



Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:08.

Inmate Name: HILL: DAVID: 11 11 11 11 11 11 11 11 11 11 11 11 11
Date of Birth: 195/46/1971
CONTROL OF THE PROVIDER POST OF THE PROVIDER POST OF THE PROVIDER
Provider Botter FMIP Facility EW.
Encounter Date: 06/22/20/0/20:00 The Provider Potter / EMI-Plant Facility EW

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1

Provider: Potter, L. EMT-P

Chief Complaint: Other Problem Subjective: 4 point restraints

Pain Location: Pain Scale: 0 Pain Qualities: **History of Trauma:**

Onset: **Duration:**

Exacerbating Factors: Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

Date Time 06/22/2010 20:00 LEW **Rate Per Minute**

Location Radial

Rhythm

Provider

Regular Potter, L. EMT-P

Respirations:

Date

Time

Rate Per Minute Provider

06/22/2010

20:00 LEW

14 Potter, L. EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Lethargic (no), Obtunded (no), Stuporous (no), Appears in Pain (no), Appears in Distress (no), Acutely III (no)

Affect

Verbalized no medical complaints. No signs of trauma or dehydration noted. Good distal pulses in all Extrem.. Ate evening meal with 8oz H2O @ 1800.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Other:

Restraint checks

Patient Education Topics:

Date Initiated Format

Handout/Topic

Provider

Outcome

Generated 06/22/2010 20:41 by Potter, L. EMT-P

Bureau of Prisons - LEW

Page 1 of 2

Reg:#+.12585-007
Inmate:Name: #HILL:DAVID: # 1 12585-007
nmatesiname Alle Davide BLACK: Sex. M. et al. 1974 Sex. BLACK: BLACK:
Encounter Date: 06/22/2010 20:00: 3.5 stres

Date Initiated Format 06/22/2010 Counseling

The need to drink H2O.

Handout/Topic
Safety/Injury Prevention

Provider Potter, L. Outcome Needs Reinforcement

Copay Required:No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Potter, L. EMT-P on 06/22/2010 20:41
Requested to be cosigned by Pigos, Kevin MD/Clinical Director.
Cosign documentation will be displayed on the following page.

nmate Name: 12-11 Pall DAV Description of the Control of the Contr
Epopulation of the first of the

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:07.

Inmate Name: HILL, DAVID Reg.#, 12585-007-4	
Date of Birth: 05/16/1971 Sex M	
Bate:0f Birth: US/to/16/17/100 Provider: Potter: LEMT-P: LEW.	

Evaluation encounter performed at Special Housing Unit.

SUBJECTIVE:

COMPLAINT 1

Provider: Potter, L. EMT-P

Chief Complaint: Other Problem Subjective: 4 Point restraints

Pain Location:
Pain Scale: 0
Pain Qualities:
History of Trauma:

Onset: Duration:

Exacerbating Factors: Relieving Factors:

Comments:

06/22/2010 17:00 LEW

OBJECTIVE:

Pulse:

Date Time

Rate Per Minute

Location Radial Rhythm

Provider

.

Regular Potter, L. EMT-P

Respirations:

Date 06/22/2010 Time

Rate Per Minute Provider

17:00 LEW

14 Potter, L. EMT-P

Exam:

General

Appearance/Nutrition

Appears Well (yes), NAD (yes), WD/WN (yes), Alert and Oriented x 3 (yes), Lethargic (no), Obtunded (no), Stuporous (no), Appears in Pain (no), Appears in Distress (no), Acutely III (no)

Affect

Agitated (yes)

No obvious signs of trauma or dehydration noted. Good CAP refill in all Extrem. Verbalized no medical complaints. I/M refused H2O when offered.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Other:

Restraint checks

Patient Education Topics:---

Date Initiated Format

Handout/Topic

Provider

Outcome

Generated 06/22/2010 19:24 by Potter, L. EMT-P

Bureau of Prisons - LEW

Page 1 of 2

Date Initiated Format
06/22/2010 Counseling

Handout/Topic
Safety/Injury Prevention

Provider Potter, L.

Outcome

No Evidence of Learning

The need to drink H2O.

Copay Required:No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Potter, L. EMT-P on 06/22/2010 19:24
Requested to be cosigned by Pigos, Kevin MD/Clinical Director.
Cosign documentation will be displayed on the following page.

Reg.# 21/2585-007
inmate(Name: Attl: DAVID co. 1200)
Inmateriname Datis Leaving Black BLA
Date of Birth: \$05/16/39/30135 Encounted Date: 66/22/2010 17:00 11:15 Encounted Date: Potter LEMT-P12 10: Facility: 11EW/

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:06.

nmate Name: TILLED/AVIDE TRANSPORTED TO THE TRANSPO
Encounter Date: 06/22/2010 14:45 Provider: Walls Bryan EMTP. 5 Facility: LEW Visconia

Injury Assessment-Not Work Related encounter performed at Special Housing Unit.

SI	IR.	F	CI	Г١	/E:

COMPLAINT 1

Provider: Walls, Bryan EMT-P

Chief Complaint: Other Problem

Subjective: I/M was the subject of a Calculated Use of Force. On arrival of the team, he submitted to restraints and was removed from the cell. He was taken to the shower area, stripped, and visually searched. He was then re-dressed and ambulatory restraints were applied. I/M was escorted to Z-024 where he was placed supine in 4-pt restraints. Circulation and motor function were checked and found to be intact distal to the restraints after application. I/M offered no medical complaints and did not sustain any injuries during this Calculated Use of Force.

Pain Location: Pain Scale: 0 Pain Qualities: History of Trauma:

Onset: **Duration:**

Exacerbating Factors: Relieving Factors:

Comments:

OBJECTIVE:

Pulse:

Date Time	Rate Per Minute	Location	Rhythm	Provider
06/22/2010 14:45 LEW	84	Radial	Regular	Walls, Bryan EMT-P

Respirations:

•			
Date	Time	Rate Per Minute	Provider
			141 " D F14T D
06/22/2010	14:45 LEW	16	Walls, Bryan EMT-P

Exam:

General

I/M supine, AA&O; NAD; airway patent w/ adequate resps; skin normal color, warm, dry; MAE w/ purpose & coordination, Cap refill in finger tips <3 sec; (+) radial pulses; (+) dorsalis pedis pulses x2; No obvious injuries noted.

ASSESSMENT:

No Significant Findings/No Apparent Distress

PLAN:

Other:

Initiate restraint checks

Patient Education Topics:

Case 3:11-cv-01609-CCC-EB Document 29-3 Filed 03/13/12 Page 22 of 25



Date Initiated Format 06/22/2010 Not Done

Handout/Topic

Provider
Walls, Bryan

Outcome

No Participation

Copay Required:No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Walls, Bryan EMT-P on 06/22/2010 16:11 Requested to be cosigned by Pigos, Kevin MD/Clinical Director. Cosign documentation will be displayed on the following page.

Date of Birth 48 05/16/1971 1 Sex: Sex: Will Find the Race: BLACK
Encounted Date: 06/22/2010 12 25 Provider Walls Bryan EMT-P Facility LEW 1970
Encounter Date: 06/22/2010 (M. 45)

Cosigned by Pigos, Kevin MD/Clinical Director on 06/24/2010 22:04.

Attachment I

Bureau of Prisons Health Services Clinical Encounter - Administrative Note

Notet Date: 109/16/20:10:09:00 Provide: 4. Alama F. MLP. Facility: 4. LEW

Admin Note encounter performed at Special Housing Unit.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Alama, F. MLP

Inmate handed a empty canister for refill of Albuterol Inhaler. Submitted to Pharmacy for renewal. There was 2 refills left on the label. Notified Chief Pharmacist.

Copay Required:No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Alama, F. MLP on 09/16/2010 14:18

Requested to be cosigned by Pigos, Kevin MD/Clinical Director. Cosign documentation will be displayed on the following page.